

To help the financially needy obtain high-quality health care that is affordable, promotes independence, and provides customer satisfaction.



Municipal Medicaid Program

May 19, 2005

Agenda

- Introduction
- Administrative Activity Claiming
 - Time Study: Activity Code Descriptions
 - Claim Calculation
- Direct Service Claiming
 - MassHealth customer services transition
 - Charter Schools
 - Methodology changes

Time Study: Activity Code Descriptions

Activity Code A: Medicaid Outreach & Training

- Activities would include bringing potential eligibles into the Medicaid system for the purpose of determining eligibility & arranging for the provision of Medicaid services.
- Coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefits of the Medicaid program, how to assist families to access Medicaid services.
- Related paperwork, clerical activities or staff travel required to perform these activities.
- Written and oral methods may be used.

Example: Talking to other staff, students and families about the Medicaid Program, referral process and health-related services.

Time Study: Activity Code Descriptions

Activity Code B: *Facilitate/Assist in Medicaid Eligibility Process*

- School staff should use this code when assisting an individual in becoming eligible for Medicaid. Activities would include explaining Medicaid rules and eligibility process.
- Include related paperwork, clerical activities or staff travel required to perform these activities.
- Written and oral methods may be used.

Example: Assisting in the completion of the enrollment forms in order to apply for Medicaid Services.

Time Study: Activity Code Descriptions

Activity Code C: *Provider Networking/Program Planning/Interagency Coordination*

- Performing activities associated with the development of strategies to improve the coordination and delivery of Medicaid covered services to school age children.
- Performing collaborative activities with other agencies.
- Include related paperwork, clerical activities or staff travel required to perform these activities.
- Written and oral methods may be used.

Example: Building a bridge between community providers and school clinicians in an effort to build resource relationships.

Time Study: Activity Code Descriptions

Activity Code D: Individual Care Planning, Monitoring, Coordination & Referral

- Gathering information in advance of making referrals for Medicaid covered services.
- Making referrals or arranging Medicaid covered medical services.
- Coordinating or monitoring the delivery of Medicaid covered medical services.
- Monitoring and evaluating the Medicaid service components of the IEP.
- Providing information on the child's medical health service plan to other staff and parents.
- Coordinating the follow up care on the medical services requested.
- Related paperwork, clerical activities or staff travel required to perform these activities.
- Written and oral methods may be used.

Example: When you contact a family about the medical referral, screening or evaluation process.

Time Study: Activity Code Descriptions

Activity Code E: *Transportation & Translation Related to Medicaid Services*

- Arranging for or providing transportation services from the school to and/or from Medicaid covered services.
- Arranging for or providing translation services (including signing) for students or families regarding Medicaid covered health related issues.
- Related paperwork, clerical activities or staff travel required to perform these activities.
- Written and oral methods may be used.

Example: Providing signing services that assist the family in understanding medical treatment.

Time Study: Activity Code Descriptions

Activity Code F: *Family Planning Referral*

- Identifying and referring adolescents who may be in need of family planning services.
- Administrative activities that act to delay or prevent the onset of pregnancy.
- Coordinating family planning activities in the school setting.
- Include related paperwork, clerical activities or staff travel required to perform these activities.
- Written and oral methods may be used.

Example: Referring an adolescent to an outside agency for the purpose of delaying or preventing the onset of pregnancy.

Time Study: Activity Code Descriptions

Activity Code G: *Direct Service*

- Providing care or treatment to an individual in order to correct or improve a specific condition.
- Providing counseling services to treat health, mental health or substance abuse conditions.
- Performing routine or mandated screenings such as vision, hearing, scoliosis etc.
- Attending an IEP meeting.
- Include related paperwork, clerical activities or staff travel required to perform these activities.
- Written and oral methods may be used.

Example: Providing occupational therapy to a student and recording results in the student's health record.

Time Study: Activity Code Descriptions

Activity Code H: General Administrative Activities & Overhead

- Performing activities that are not directly assignable to other program activities.
- Covers any non-work related time including paid vacation, sick or personal time, lunch or break time and unscheduled non-school days such as snow days .
- General supervision of staff.
- Include related paperwork, clerical activities or staff travel required to perform these activities.
- Written and oral methods may be used.

Example: Attending administrative staff meetings.

Time Study: Activity Code Descriptions

Activity Code I: *Non-Health Related Activities*

- Any other school-related activities that are not health related, such as social services, educational and teaching services, employment and job training.
- Providing classroom instruction, correcting papers or compiling report cards.
- Providing general supervision of students, such as in the lunchroom or on the playground.
- Include the development, coordination, and monitoring of a student's educational plan.
- Include related paperwork, clerical activities or staff travel required to perform these activities.
- Both written and oral methods may be used.

Example: Preparing lesson plans or correcting papers.

Time Study: Activity Code Changes

- Summary of time study methodology changes:
 - Activity Code D: This code includes all referral &/or follow-up and initial/ongoing coordination of care. This job function used to be activity code E.
 - Activity Code E: Entire code definition has changed. Code now focuses on time spent facilitating transportation or translation services.
 - Travel Time: Code your travel time as you would code the purpose of the travel.
 - If you travel between schools to perform direct service, then use activity code G.
 - If you travel to attend a Medicaid in-service training use activity code A.

Time Study: Reminders

- Time study participants must be properly trained.
- Time study can be completed by:
 - Random sample of personnel in each job grouping.
 - 100% for all personnel in each job grouping.
- Participation is based on actual job functions that are performed, not on job title.
 - School district personnel that perform Medicaid administrative activities are eligible to participate in the time study.

Time Study: Participants

Table I
Direct Personnel

<u>Job Position</u>	<u>Position Number</u>
Speech/Language Therapist, Assistant or Aide	01
Occupational Therapist, Assistant or Aide	02
Physical Therapist, Assistant or Aide	03
School Psychologist/Psychologist Intern	04
School RN/LPN, Assistant or Aide	05
Audiologist/Hearing Impaired Specialist/Vision Specialist	06
Psychiatrist/Physician	07
Case Manager, School Adjustment Counselor, School Social Worker or Guidance Counselor	08
<i>Note: School personnel eligible to participate in this program are based on the actual functions that they perform, not on their job title.</i>	

Time Study: Participants

Table II
Direct Support Personnel

<u>Job Position</u>	<u>Position Number</u>
Special Education: Director, Administrators/Assistants Education Team Leaders/Chairperson Clerical and Technical Support Personnel	09
Pupil Support Services: Director, Administrators/Assistants Health Coordinators Clerical and Technical Support Personnel	09
Nursing: Director, Administrators/Assistants Clerical and Technical Support Personnel	09
<i>Note: School personnel eligible to participate in this program are based on the actual functions that they perform, not on their job title.</i>	

Claim Calculation: Steps to Completing a Claim

- Step 1: Calculate Time Study Results
- Step 2: Develop Detailed Expenditure Report
 - Salaries
 - Fringe Benefits
 - Materials and Supplies
 - Out of District Tuition Payments
- Step 3: Quarterly Claim Calculation
- Step 4: Capital Calculation
- Step 5: Specialized Transportation Calculation
- Step 6: Claim Summary

NOTE: All Federal funds must be excluded, so that only state/local dollars are included

Claim Calculation: Time Study Results

- Calculate the percent of time spent per activity code for each job position group (01-09).

Sample: Time Study Summarization

Job Position Group	Number of Participants	Activity Codes	Total Time Spent per Activity Code (A)	Total Time Worked During Time Study (B)	Percentage of Time Spent Per Activity Code (C)
01	3	A	0	14,280	0.00%
01		B	0	14,280	0.00%
01		C	0	14,280	0.00%
01		D	1,905	14,280	13.34%
01		E	406	14,280	2.84%
01		F	643	14,280	4.50%
01		G	7,408	14,280	51.88%
01		H	3,350	14,280	23.46%
01		I	568	14,280	3.98%
Total			14,280		100.00%

Claim Calculation: Detailed Expenditure Report

- Create an expenditure report for each job position group (01-09) that includes:
 - Actual quarterly salaries or contractual payments.
 - Actual quarterly material/supply costs.

Sample: Detailed Expenditure Report

Staff Name	Job Category	Job Position Group Number	Quarterly Salary	Unemploy ment	Health, Life, etc.	Medicare	WC/Injury Payments	Pension	Other	Total
	Speech	01	\$2,604.00							\$2,604.00
	Speech	01	\$12,636.00							\$12,636.00
	Speech	01	\$15,223.00							\$15,223.00
Materials-Speech										\$19.00
Ch 766-Speech										
Total Cost Pool			\$30,463.00							

Claim Calculation: Fringe Benefit Calculation

- Fringe benefit options:

- Actual quarterly benefits paid to each time study participant OR
- Multiply the actual quarterly salary for each time study participant by the fringe benefit percentage calculated for each benefit category.

Sample: Fringe Benefit Calculation

Benefit Description	Annual Budgeted District Wide Fringe Benefit Expenditures	Annual Budgeted District Wide Salaries	Fringe Benefit Percentage
Unemployment Compensation	\$13,658.00	\$13,985,476.00	0.0977%
Health, Dental, Life, and Disability Insurance	\$1,281,652.00	\$13,985,476.00	9.16%
Medicare Contributions	\$156,987.00	\$13,985,476.00	1.12%
Workers Compensation/ Injury Payments	\$62,851.00	\$13,985,476.00	0.45%
Pension Contributions	\$124,611.00	\$13,985,476.00	0.89%
Other	\$0.00	\$13,985,476.00	0.00%
Total	\$1,639,759.00	\$13,985,476.00	

Claim Calculation: Fringe Benefit Calculation

- Add fringe benefits to detailed expenditure report.

Sample: Detailed Expenditure Report

Staff Name	Job Category	Job Position Group Number	Quarterly Salary	Unemploy- ment	Health, Life, etc.	Medicare	WC/Injury Payments	Pension	Other	Total
	Speech	01	\$2,604.00	\$2.54	\$238.63	\$29.23	\$11.70	\$23.20	\$0.00	\$2,909.31
	Speech	01	\$12,636.00	\$12.34	\$1,157.98	\$141.84	\$56.79	\$112.59	\$0.00	\$14,117.54
	Speech	01	\$15,223.00	\$14.87	\$1,395.06	\$170.88	\$68.41	\$135.64	\$0.00	\$17,007.86
Materials-Speech										\$19.00
Ch 766-Speech										
Total Cost Pool			\$30,463.00							

Claim Calculation: Out of District Tuition

- Multiply quarterly day tuition expenditures by health-related percentages for day schools.
- Multiply quarterly residential school tuition expenditures by the health-related percentages for residential schools **and** the room & board discount .
- Total the two sums for each job position group.

Sample: State-Wide Summary Worksheet for Out of District Schools

Job Position Group Number	Total Quarterly Tuition Expenditures for Day Schools	Percentage of Health Related Services for Day Schools	Health Related Portion of Quarterly Day School Tuition	Total Quarterly Tuition Expenditures for Residential Schools	13.64% Room & Board Discount	Percentage of Health Related Services for Residential Schools	Health Related Portion of Quarterly Residential School Tuition	Total Health Related Portion of Quarterly Day & Residential Tuition
01	\$52,178.00	2.97%	\$1,548.15	\$25,638.00	86.36%	0.61%	\$136.45	\$1,684.60
02	\$52,178.00	2.18%	\$1,139.92	\$25,638.00	86.36%	0.45%	\$100.40	\$1,240.32
03	\$52,178.00	1.12%	\$583.95	\$25,638.00	86.36%	0.13%	\$29.41	\$613.36
04	\$52,178.00	2.04%	\$1,064.79	\$25,638.00	86.36%	1.10%	\$246.04	\$1,310.83
05	\$52,178.00	3.16%	\$1,648.22	\$25,638.00	86.36%	3.57%	\$795.63	\$2,443.85
06	\$52,178.00	0.00%	\$0.00	\$25,638.00	86.36%	0.00%	\$0.00	\$0.00
07	\$52,178.00	0.18%	\$93.93	\$25,638.00	86.36%	0.33%	\$73.98	\$167.91
08	\$52,178.00	7.64%	\$3,985.22	\$25,638.00	86.36%	5.87%	\$1,308.31	\$5,293.53
09	\$52,178.00	17.68%	\$9,227.02	\$25,638.00	86.36%	12.03%	\$2,683.89	\$11,910.90
			\$19,291.20				\$5,374.11	\$24,665.30

Claim Calculation: Detailed Expenditure Report

- Add health-related portion of tuition to Detailed Expenditure Report for each job position group (01-09).
- Sum of all expenditures is used in quarterly claim calculation for each job group.

Sample: Detailed Expenditure Report

Staff Name	Job Category	Job Position Group Number	Quarterly Salary	Unemploy ment	Health, Life, etc.	Medicare	WC/Injury Payments	Pension	Other	Total
	Speech	01	\$2,604.00	\$2.54	\$238.63	\$29.23	\$11.70	\$23.20	\$0.00	\$2,909.31
	Speech	01	\$12,636.00	\$12.34	\$1,157.98	\$141.84	\$56.79	\$112.59	\$0.00	\$14,117.54
	Speech	01	\$15,223.00	\$14.87	\$1,395.06	\$170.88	\$68.41	\$135.64	\$0.00	\$17,007.86
Materials-Speech										\$19.00
Ch 766-Speech										\$1,684.60
Total Cost Pool			\$30,463.00							\$35,738.30

Claim Calculation: Medicaid Eligibility Rate

- Quarterly ratio of Medicaid eligible students in the school district divided by the total number of students registered in the school district served in the Local Education Authority.

Number of Medicaid Eligible students in the ***district*** for the quarter

Total number of students in the ***district*** for the quarter

Claim Calculation: Medicaid Eligibility Rate

- Steps to calculating Medicaid Eligibility Rate:
 - Gather quarterly school district enrollment information.
 - Obtain Medicaid recipient eligibility information from the Office of Medicaid for the same quarter.
 - Complete a data match utilizing one of the following:
 - WebRevs (800-462-7738)
 - MassHealth toll-free number (800-554-0042 or 800-833-7582)
 - Direct match using the quarterly eligibility lists distributed by MassHealth.

Claim Calculation:

General Administrative Overhead Factor

- Percentage of time spent on activity codes A-F (C, D, E and F are multiplied by the Medicaid Eligibility Factor) divided by the percentage of time spent on activity codes A-I (excluding H) for each job position grouping.

$$\frac{\{\% \text{ of A} + \% \text{ of B} + (\% \text{ of C} * \text{Medicaid Eligibility Factor}) + (\% \text{ of D} * \text{Medicaid Eligibility Factor}) + (\% \text{ of E} * \text{Medicaid Eligibility Factor}) + (\% \text{ of F} * \text{Medicaid Eligibility Factor})\}}{\% \text{ of A} + \% \text{ of B} + \% \text{ of C} + \% \text{ of D} + \% \text{ of E} + \% \text{ of F} + \% \text{ of G} + \% \text{ of I}}$$

Note: If no allowable administrative activities are performed, no time associated with the administrative overhead factor can be claimed.

Claim Calculation

- Multiply percent of time x cost pool x Medicaid eligibility factor (activity codes C, D, E, F) x overhead factor (activity code H) for each job position group (01-09).

Sample: Quarterly Claim Calculation

	Speech\Language Therapist, Assistant or Aide Job Position Group 01	Percent of Time Spent on Activity	Total	Medicaid Eligibility Factor	General Administrative Overhead Factor	Total Gross Claim Amount
A	Medicaid Outreach & Training	0.00%	\$35,738.30	N/A	N/A	\$0.00
B	Facilitate Medicaid Eligibility Process	0.00%	\$35,738.30	N/A	N/A	\$0.00
C	Provider Networking, Program Planning	0.00%	\$35,738.30	21.63%	N/A	\$0.00
D	Care Planning, Monitoring, Coordination And Referral	13.34%	\$35,738.30	21.63%	N/A	\$1,031.23
E	Transportation & Translation Related To Medicaid Services	2.84%	\$35,738.30	21.63%	N/A	\$219.78
F	Family Planning Referral	4.50%	\$35,738.30	21.63%	N/A	\$348.08
G	Direct Service	51.88%	\$35,738.30	N/A	N/A	\$18,539.87
H	General Administrative Activities & Overhead	23.46%	\$35,738.30	N/A	5.85%	\$490.11
I	Non-Health Related Activities	3.98%	\$35,738.30	N/A	N/A	\$1,421.52
	Total	100.00%				

Claim Calculation: Capital

- Identify the following:
 - Acquisition costs of the school district's buildings and improvements.
 - Acquisition costs of the school district's equipment that is not included in the amount above ("major movable equipment").
 - Current interest expense associated with land, equipment, school building acquisition, construction, fabrication, reconstruction, and remodeling. (See OMB Circular A-87 (B)).

Claim Calculation: Capital

- Complete the following steps:
 - Multiply the sum of building and fixed asset acquisition costs and major moveable equipment acquisition costs by the annual use allowance.
 - Add the sum of the above calculation to the net interest expense.
 - Calculate the capital percentage:

Total Capital

District-wide salaries and fringe benefits

Sample: Fringe Benefit Calculation

		Annual Use Allowance		Total
Building and Fixed Asset Acquisition Costs	X		=	
\$27,800,852.00		2.00%		\$556,017.04
Major Moveable Acquisition Costs	X		=	
\$91,282.00		6.67%		\$6,088.51
Net Interest Expense		NA	=	
\$185,785.00				\$185,785.00
Total Capital				\$747,890.55
Total Annual District Wide Salary + Fringe Benefits				\$15,625,235.00
Capital Percentage Rate				4.80%

Claim Calculation: Specialized Transportation

- Gather actual quarterly specialized transportation costs for Special Education students.
- Calculate the following percentages:

Number of Special Ed. students who have transportation in their IEP for a medical reason

Total Number of Special Ed. students who receive specialized transportation

Total Number of Medicaid Eligible Special Ed. students in the district for the quarter

Total Number of Special Ed. students in the district for the quarter

- Multiply the above factors by the updated state-wide average of time spent receiving Medicaid covered services.

Claim Calculation: Specialized Transportation

- Specialized transportation: Transportation in a vehicle used to furnish such transportation service that is specially equipped/staffed to accommodate individuals with specialized medical needs.

Sample: Quarterly Specialized Transportation Calculation

Quarterly Specialized Transportation Expenditures For Special Education Students		Number Of Special Education Students With Medically Necessary Transportation in Their IEP / Number Of Special Education Students Who Receive Specialized Transportation		Medicaid Eligibility Factor Of Special Education Population		State Wide Average Of Time Spent Receiving Medicaid Covered Services		Gross Claim Amount For Specialized Transportation
\$36,808.00	X	13.00%	X	43.00%	X	24.80%	=	\$510.28

Claim Calculation: Indirect Cost Rate

- Identify your school district's most recent unrestricted indirect cost rate for federal grants by contacting the Department of Education at 781-338-3300 or visiting their website, www.doe.mass.edu.

Claim Calculation Summary

Sample: Quarterly Claim Calculation Summary

Gross Claim Amounts	Costs for which the FFP = 50%		Costs for which the FFP = 90%		Total
Direct Personnel Costs	\$10,594.34	(A)	\$406.02	(B)	\$11,000.36 (C)
Direct Support Personnel Costs	\$1,341.18	(D)	\$0.00	(E)	\$1,341.18 (F)
Specialized Transportation	\$510.28	(G)	N/A		\$510.28 (G)
Gross Claim Subtotal 1	\$12,445.79	(H)	\$406.02	(I)	\$12,851.82 (J)
Capital Percentage Rate 4.80% (K)					
Capital Costs	\$616.89	(L)	N/A		\$616.89 (L)
Gross Claim Subtotal 2	\$13,062.68	(M)	\$406.02	(I)	\$13,468.70 (N)
Indirect Cost Rate 9.07% (O)					
Indirect Costs	\$1,221.51	(P)	N/A		\$1,221.51 (P)
Total Gross Claim	\$14,284.19	(Q)	\$406.02	(I)	\$14,690.21 (R)
FFP	50.00%	(S)	90.00%	(T)	
Total Net Claim	\$7,142.09	(U)	\$365.42	(V)	\$7,507.51 (W)

A = The sum of Total Gross Claim Amount of activities A, B, C, D, E & H for job position groups 01 - 08 from the Quarterly Claim Calculation worksheet

B = The sum of Total Gross Claim Amounts of activity F for job position groups 01 - 08 from the Quarterly Claim Calculation worksheet

C = A + B

D = The sum of Total Gross Claim Amount of activities A, B, C, D, E & H for job position group 09 from the Quarterly Claim Calculation worksheet

E = The sum of Total Gross Claim Amount of activity F for job position group 09 from the Quarterly Claim Calculation worksheet

F = D + E

G = The Total Gross Claim Amount for specialized transportation from the Quarterly Specialized Transportation Calculation worksheet

H = A + D + G

I = B + E

J = C + F + G

K = Capital percentage rate, from the Capital Calculation worksheet

L = K x J

M = H + L

N = J + L

O = Indirect Cost Rate

P = N x O

Q = M + P

R = N + P

S = FFP Rate

T = FFP Rate

U = Q x S

V = I x T

W = U + V



Claim Calculation: Summary of Changes

- Capital Costs/Calculation:
 - Use acquisition costs instead of Annual Valuation.
 - Calculate the ratio of capital to total of annual budgeted district wide salaries and fringe benefits.
 - Apply capital percentage rate to total of gross claim amounts from expenditure reports and specialized transportation.
 - No longer use square footage percentages.

- Updated Percentages:
 - Transportation: State-wide average of time spent receiving Medicaid covered services.
 - Out of District: Room and board discount factor for residential tuition calculation.
 - Out of District: Percentage of time spent in health-related services.

Claim Calculation: Certification

- The accuracy of the quarterly claim must be certified by an authorized district official from the participating LEA and documented on a Quarterly Claim Certification form.
 - The Quarterly Claim Certification form must be included with the claim at the time of submission.
 - The Quarterly Claim Certification form must be on school district letterhead.
 - Refer to Page 16 of the Claiming Manual.

Claim Submission Requirements

- Quarterly Claim Certification
 - Quarterly Claim Calculation Summary
 - Quarterly Claim Calculation
 - Quarterly Specialized Transportation Calculation
 - Capital Calculation
 - Fringe Benefit Calculation
 - Detailed Expenditure Report
 - State-wide Summary Worksheet for Out of District Schools
 - Time Study Summarization
- Claims are submitted to:
*Univ. of Mass. Medical School
Municipal Medicaid Program
100 Century Drive
Worcester, MA 01606*

Claim Submission Requirements

- Claims are due to the Center 15 days after the close of the quarter.
- Exception: All claims that are being submitted under the last allowable quarter are due 15 days *prior* to the close of that quarter.
 - If you plan to submit a claim for the September 2003 quarter, it is due by September 15, 2005.

To help the financially needy obtain high-quality health care that is affordable, promotes independence, and provides customer satisfaction.



MassHealth Customer Services

Customer Services Transition: Agenda

- Enhanced Customer Service Model
- What it means to you - No change
- What it meant to you - Change
- Future Enhancements
- Next steps
- Questions and Answers

Enhanced Customer Service Model

- Consolidated operations
- Flexible staffing models
- Seamless issue resolution (provider/member)
- Enhanced communication and education
- Reduced administrative burden

What It Means To You

NO CHANGE!

- Payments
- 837 file format
- PCSS supported product
- Paper format
- REVS (eligibility)
- Prior authorization

CHANGE

- New claim submission process
- PCSS upgrade for web use
- New phone number
- New address

What It Means To You – No Change

NO CHANGE!

- Payments
- 837 file format
- PCSS supported product
- Paper format
- REVS (eligibility)
- Prior authorization

What It Means To You – No Change

- Payments
- 837 file format
- PCSS - Supported product
- Paper format
- REVS – Eligibility verification
- Prior authorization

What It Means To You - Change

CHANGE

- New claim submission process
- PCSS upgrade for web use
- New phone number
- New address

New Claim Submission Process

May 16, 2005 – Testing

- Pilot provider group
- Universal outreach to provider network

June 23, 2005 – Production

- New customer web portal (mass.gov/masshealth)
- NEHEN

July 1, 2005 – Contract live

- 835 and 997 retrieval



PCSS Upgrade for Web Use

- PCSS users apply upgrade
- Test software submission at mass.gov/masshealth
- Call 800-441-0323 with any questions

New Phone Number

Effective July 1, 2005

1-800-841-2900

**For provider and member
customer service**

New Address - Effective July 1, 2005

- Paper, electronic claims, correspondence and provider enrollment applications sent by US mail:

MassHealth Customer Service

Attention: Claims

P.O. Box 02043-9118

Hingham, MA 02043

- Paper, electronic claims, correspondence, and provider enrollment applications hand-delivered by UPS, FedEx, courier or hand:

MassHealth Customer Service

75 Sgt. William B. Terry Drive

Hingham, MA 02043



Future Enhancements

- On-line:
 - provider enrollment
 - credentialing and re-credentialing
 - provider training registration
 - customer information maintenance
 - chat for providers and members
 - customer surveys
- Provider access to historical claim information
- Publication ordering with order tracking

Next Steps - Bulletin Board Submitters

- Visit mass.gov/masshealth
- Check frequently for email updates
- Confirm internet connectivity
- PCSS users upgrade and test software
- June 23, 2005 – submit to mass.gov/masshealth
- Call 1-800-441-0323 with any questions

Next Steps - All Providers

- Visit mass.gov/masshealth
- Ensure all appropriate staff receive this material
- Watch for other communications:
 - bulletins
 - remittance advice text
 - newsletters and emails
 - provider association updates and meetings
- Targeted workshops and outreach

Direct Service Claiming: Charter Schools

- Effective 7/1/03, state legislature approved an amendment to statute to allow Charter schools to enroll as Medicaid providers.
 - Most charter schools have been submitting claims for charter school students through a contract with an existing Municipal Medicaid provider.
- Effective 7/1/05, charter schools can enter into an agreement directly with EHS to submit Medicaid claims.

Direct Service Claiming: Charter Schools

- If a student is attending a charter school, only the charter school is eligible to file a Medicaid claim on behalf of the student.
 - Public or regional school districts should not submit claims for any such student.

Direct Service Claiming: CMS Requirements for a New Rate Structure

- CMS State Medicaid Director Letter, May 21, 1999
 - “bundled rates for school-based providers are not related to a specific type of procedure and are generally not available to all qualified providers in the community who might wish to be similarly reimbursed”.
 - “bundled rate methodologies do not produce sufficient documentation of accurate and reasonable payments, and may result in higher payments than would be reasonable on a fee-for-service basis for each individual service and thus do not meet the statutory intent of the law”.
- Office of Inspector General
 - Audit of Medicaid Payments for School-Based Health Services.

Direct Service Claiming: Potential Rate Structure

- District specific, service specific cost-based rates.
- Annual reconciliation to actual costs.
- In order to participate in direct service claiming, districts ***must*** participate in Administrative Activity Claiming.

Questions & Answers
